10	NOS ET	// seelieable)	/ Dist	rict (if applicable)	
Name (pr	office Office	(if applicable)	74-05	35	
Mailing A	Address (include city and zip code)	16	elephone No.		
E-Mail Ad	ppropriate Box(es) CANDIDATE PAC	□POL PRTY □IND EXP □NONF	ROFIT CORP	19 1	
Select A	LEGAL DEFENSE FUND	AMENDED			
	Annual Filing - Due January 15, 2008 Period: January 1, 2007 - December 31, 2007			72	
	Report #1 — Due August 5, 2008*				
	Report #2 Due — October 28, 2008*			0.0	
Ц	Period: Aug. 1, 2008 — Oct. 23, 2008			6	
	Report #3 Due — January 15, 2009*/** Period: Oct. 24, 2008 — Dec. 31, 2008		FOR OFFICE USE ONLY		
	Annual Filing – Due January 15, 2009 Period: January 1, 2008 – December 31,	2008			
*		tor office in the 2	008 election cy os. 1 and 2	rcle	
**	Third Report suffices for 2009 Amida.	ng ii candidate also iiisa 1157 - 1154		Cumulative From Beginning of Report Period #1	
	CONTRIBUTIONS SUMMARY		This Period	through End of This Reporting Period	
	D. J. Jie Event O	\$100		10	
	Total Monetary Contributions Received in Excess of (See page 1 of instruction sheet)			0	
	Total Monetary Contributions Received of \$100 or L (See page 2 of instruction sheet)			10	
	Total Monetary Contributions in the form of loans party. (See page 2 of instruction sheet)			19	
	Total Monetary Contributions in the form of loans to (See page 2 of instruction sheet)	hat were forgiven Cumulative From			
	(See page 2 or misudous sure)	This Period Beginning of Report Period #1 Through End of			
		This Reporting Period			
	5. Total Amount of Monetary Contributions				
	Received (Add Lines 1 through 4) (See page 2 of instruction s	heet)			
	Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))				
	(See page 2 of instruction sheet) 7. Total Value of In Kind Contributions Received in				
	7. Total value of the Kind Contributions received a Excess of \$100 (See page 2 of instruction she	et)			
		EXPENSES SUMMARY			
				10kg	00
	Total Monetary Expenses Paid in Excess of \$10 (See page 2 of instruction sheet)			200-	
	9. Total Monetary Expenses Paid of \$100 or Less			9	00
	(See page 2 of instruction sheet) 10. Total Amount of All Monetary Expenses Pai	d		200	
	(Add Lines 8 and 9) (See page 2 of instruc	tion sheet)			
	11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)				
	12 Disposition of Unspent Contributions	15 th			
	(Only reported on Report #3 , Annual Report or day of the second month after candidates defer	at or			
	incumbent does not run for reelection)				
	(0 - 2 - 2 of instruction sheet)				
	(See page 3 of instruction sheet)	AFFIRMATION			
	(See page 3 of instruction sheet)	AFFIRMATION the Foregoing is True and Correct.		/ / _	
	(See page 3 of instruction sheet) I Declare Under Penalty of Perjury That	AFFIRMATION the Foregoing is True and Correct	1/	11/09	

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OF_ PAGE___

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

Transfer Total Amou	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 ^{RO} PARTY IF LOAN GUARANTEED BY 3 ^{RO} PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
				*	

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Name (print)

Office (if applicable)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
net live		

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Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	(D)
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

PAGE___OF___

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

#

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Tom Noslatt	£	A064/08	200.00

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